



12-01-00

PTO/SB/05 (4/98)

Approved for use through 09/30/2000 OMB 0651-0032

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

99-100

First Inventor or Application Identifier

Michael B. Freeman, et al.

Title

Polymeric Binder for Water-Resistant Inkjet Inks

Express Mail Label No.

FF079501880US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO:	
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 24] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> – Descriptive title of the Invention – Cross References to Related Applications – Statement Regarding Fed sponsored R & D – Reference to Microfiche Appendix – Background of the Invention – Brief Summary of the Invention – Brief Description of the Drawings <i>(if filed)</i> – Detailed Description – Claim(s) – Abstract of the Disclosure <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventors(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 		<p>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</p> <p>5. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS			
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>13. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired <i>(PTO/SB/09-12)</i></p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>			

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment
 Continuation Divisional Continuation-in-part (CIP)

Prior application information Examiner _____

of prior application No. _____

Group / Art Unit: _____

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="4" style="padding: 2px;">Stephen T. Falk</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Address</td> <td colspan="4" style="padding: 2px;">Rohm and Haas Company</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> <td colspan="2" style="padding: 2px;">Philadelphia</td> <td style="padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">PA</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Country</td> <td colspan="2" style="padding: 2px;">USA</td> <td style="padding: 2px;">Telephone</td> <td colspan="2" style="padding: 2px;">215-592-6745</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> <td colspan="2" style="padding: 2px;">19106-2399</td> <td colspan="2" style="padding: 2px;">Fax</td> <td colspan="2" style="padding: 2px;">215-592-2682</td> </tr> </table>				Name		Stephen T. Falk				Address		Rohm and Haas Company				City		Philadelphia		State	PA		Country		USA		Telephone	215-592-6745		Zip Code		19106-2399		Fax		215-592-2682	
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Zip Code		19106-2399		Fax		215-592-2682																															

Name (Print/Type)	Stephen T. Falk	Registration No. (Attorney/Agent)	36,795
Signature			Date

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 710)

Complete if Known

Application Number	
Filing Date	Herewith
First Named Inventor	Michael B. Freeman, et al.
Examiner Name	not yet assigned
Group / Art Unit	not yet assigned
Attorney Docket No.	99-100

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account 18-1850

Number
Deposit Account Name Rohm and Haas Company

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

Payment Enclosed:
 Check Money Other Order

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (1) (\$ 710)

2. EXTRA CLAIM FEES

Total claims	10	Fee from below		Fee Paid
		Extra claims	Fee (\$)	
Independent Claims	3	- 3** =	0 X 80 = 0	
Multiple Dependent		270	= 0	

**or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

0

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Stephen T. Falk	Registration No. (Attorney/Agent)	36,795	Telephone	215-592-6745
Signature				Date	11/30/00

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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